

B1 (Official Form 1)(1/08)

<b>United States Bankruptcy Court</b> <b>Northern District of Texas</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Lubbock, Texas - Highland Medical Center, L.P.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>DBA Highland Community Hospital; DBA Highland Medical Center</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>04-3633368</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>2412 50th Street</b> <b>Lubbock, TX</b> <div style="text-align: right; font-size: small;">ZIP Code <b>79412</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Lubbock</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above): <b>2412 50th Street</b> <b>Lubbock, TX 79412</b>		
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input checked="" type="checkbox"/> Chapter 11  <input type="checkbox"/> Chapter 12  <input type="checkbox"/> Chapter 13         </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding         </div> </div> <hr/> <b>Nature of Debts</b> (Check one box)  <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."         <input checked="" type="checkbox"/> Debts are primarily business debts.       </div>
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1-49</div> <div><input type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input checked="" type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> OVER 100,000</div> </div>		
<b>Estimated Assets</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input checked="" type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		
<b>Estimated Liabilities</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input checked="" type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		

B1 (Official Form 1)(1/08)

Page 2

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Lubbock, Texas - Highland Medical Center, L.P.****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Lubbock, Texas - Highland Medical Center, L.P.****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

\_\_\_\_\_  
Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

\_\_\_\_\_  
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

\_\_\_\_\_  
*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**Signature of Attorney\***

**X** /s/ Max R. Tarbox  
Signature of Attorney for Debtor(s)

**Max R. Tarbox 19639950**

\_\_\_\_\_  
Printed Name of Attorney for Debtor(s)

**McWhorter, Cobb & Johnson, LLP**

\_\_\_\_\_  
Firm Name

**P.O. Box 2547**

**Lubbock, TX 79408**

\_\_\_\_\_  
Address

**Email: mrichburg@mcjllp.com**

**806/762-0214 Fax: 806/762-8014**

\_\_\_\_\_  
Telephone Number

**May 31, 2008**

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Hershel J. Breig  
Signature of Authorized Individual

**Hershel J. Breig**

\_\_\_\_\_  
Printed Name of Authorized Individual

**Senior VP of Highland West Texas Medical Services, Inc GR**

\_\_\_\_\_  
Title of Authorized Individual

**May 31, 2008**

\_\_\_\_\_  
Date

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**Northern District of Texas**

In re Lubbock, Texas - Highland Medical Center, L.P.

Debtor(s)

Case No. \_\_\_\_\_

Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Beckman Coulter Inc. Dept CH 10164 Palatine, IL 60055	Beckman Coulter Inc. Dept CH 10164 Palatine, IL 60055 800 743-0197			111,810.49
Community Health Systems 7100 Commerce Way, Suite 100 Brentwood, TN 37027	Nancy Beydler Community Health Systems 7100 Commerce Way, Suite 100 Brentwood, TN 37027 615 465-7246			350,000.00
Depuy Orthopaedics Inc. 5972 Collection Center Drive Chicago, IL 60693	Depuy Orthopaedics Inc. 5972 Collection Center Drive Chicago, IL 60693 800 544-7899			351,815.23
GE Healthcare Financial Services P.O. Box 641419 Pittsburgh, PA 15264	GE Healthcare Financial Services P.O. Box 641419 Pittsburgh, PA 15264 800 225-7480			159,046.85
Griffin Wink Advertising 8004 York Avenue Lubbock, TX 79424	Griffin Wink Advertising 8004 York Avenue Lubbock, TX 79424 806 791-0045			122,793.25
Hallmark Rehabilitation 27442 Portola Parkway Foothill Ranch, CA 92610	Hallmark Rehabilitation 27442 Portola Parkway Foothill Ranch, CA 92610 817 235-4885			223,843.22
Healthcare Management Systems 3102 West End Avenue, Suite 400 Nashville, TN 37203	Healthcare Management Systems 3102 West End Avenue, Suite 400 Nashville, TN 37203 800 692-3849			277,101.68
Internal Revenue Service P.O. Box 249 Memphis, TN 38101	Internal Revenue Service P.O. Box 249 Memphis, TN 38101			2,738,336.79
International Health Systems 8816 Manchester Road # 191 Brentwood, MO 63144	International Health Systems 8816 Manchester Road # 191 Brentwood, MO 63144			177,330.42

B4 (Official Form 4) (12/07) - Cont.

In re **Lubbock, Texas - Highland Medical Center, L.P.**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Jakeco LOC LLC DBA 627 Shadow Creek Blvd Buda, TX 78610	Jakeco LOC LLC DBA 627 Shadow Creek Blvd Buda, TX 78610			82,567.50
Locumtenens.com P.O. Box 532869 Atlanta, GA 30353	Locumtenens.com P.O. Box 532869 Atlanta, GA 30353 800 562-8663			315,006.43
Luker Pharmacy Mgmt 1072 FM 1888 Blanco, TX 78606	Luker Pharmacy Mgmt 1072 FM 1888 Blanco, TX 78606			360,651.08
Medicare P. O. Box 1602 Omaha, NE 68175	Medicare P. O. Box 1602 Omaha, NE 68175			559,185.00
New Direct OP Couns. Center 401 Market Street, Suite 1150 Shreveport, LA 71101	New Direct OP Couns. Center 401 Market Street, Suite 1150 Shreveport, LA 71101			82,567.50
Owens and Minor P.O. Box 841420 Dallas, TX 75284	Owens and Minor P.O. Box 841420 Dallas, TX 75284 713 939-3328			103,135.71
Rodney Franklin, MD 3106 50th Street, Suite 400 Lubbock, TX 79413	Rodney Franklin, MD 3106 50th Street, Suite 400 Lubbock, TX 79413 806 698-8088			101,470.50
Shared Imaging 2186 Payshere Circle Chicago, IL 60674	Shared Imaging 2186 Payshere Circle Chicago, IL 60674			80,356.64
Shared Imaging 2186 Payshere Circle Chicago, IL 60674	Shared Imaging 2186 Payshere Circle Chicago, IL 60674 630 483-3980			80,356.64
Tenet Healthcare Corp. P.O. Box 809088 Dallas, TX 75380	Tenet Healthcare Corp. P.O. Box 809088 Dallas, TX 75380 469 893-2000			830,046.87
Texas Emergency Room Services, PA 7032 Collection Center Drive Chicago, IL 60693	Texas Emergency Room Services, PA 7032 Collection Center Drive Chicago, IL 60693 214 712-2452			332,453.53

B4 (Official Form 4) (12/07) - Cont.

In re **Lubbock, Texas - Highland Medical Center, L.P.**

Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Senior VP of Highland West Texas Medical Services, Inc GP of the partnership named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **May 31, 2008**

Signature **/s/ Hershel J. Breig**

**Hershel J. Breig  
Senior VP of Highland West Texas Medical Services,  
Inc GP**

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

3 M CENTER  
PO BOX 200715  
Dallas, TX 75320-0715

AANP CERTIFICATION PROGRAM  
PO BOX 12926  
Austin, TX 78711

Abbott Nutrition  
75 Remittance Dr.  
Suite 1310  
Chicago, IL 60675

ABCO Fire Protection, Inc.  
14202 Hwy 87, South  
Lubbock, TX 79423

ACCELECARE WOUND CENTERS, INC.  
10900 NE 4TH STREET  
Ste. 1920  
Bellevue, WA 98004

Accelecare Wound Centers, Inc. and  
Amicus Texas HyperBaric, LLP  
% Grady Terrill  
P.O. Box 1979  
Lubbock, TX 79408

Acumed  
7995 COLLECTION CNTR DR  
Chicago, IL 60693

ADVANCED BIOHEALING, INC.  
10933 N.TORREY PINES ROAD  
SUITE 200  
La Jolla, CA 92037

ADVANCED BIONICS  
25129 RYE CANYON LOOP  
Valencia, CA 91355

Advanced Medical Partners Inc.  
4360 BELTWAY PLACE  
SUITE 230  
Arlington, TX 76018

AFLAC  
ATTN REMITT. PROCESSING  
1932 WYNNTON ROAD  
Columbus, GA 31999-0797

AIRGAS SOUTHWEST  
PO BOX 676031  
Dallas, TX 75267-6031

ALADDIN TEMP RITE  
PO BOX 8500 3431  
Philadelphia, PA 19178-3431

Alberta D Rosales  
2405 24TH ST  
Lubbock, TX 79411

Alimed Inc.  
PO BOX 9135  
Dedham, MA 02027-9135

Allergan Sales LLC  
12975 COLLECTINS CENTER DRIVE  
Chicago, IL 60693

ALLIED WASTE SERVICES OF WEST TEXAS  
PO BOX 78841  
Phoenix, AZ 85062-8841

Alpha Labs Inc.  
1505 BUDDY HOLLY AVE  
Lubbock, TX 79401



ALSCO  
% W.J. Wade, Jr.  
Field, Manning, Stone, Hawthorne & Aycoc  
2112 Indiana Avenue  
Lubbock, TX 79410

ALSCO INC LUBBOCK  
PO BOX 2508  
Lubbock, TX 79408

AMERFILE  
PO BOX 8067  
Saint Louis, MO 63156

AMERICAN MEDICAL SYSTEMS  
PO BOX 7247 6586  
Philadelphia, PA 19170-6586

American Tool Door Co  
8221 Ave D  
Lubbock, TX 79404

Ameripath Lubbock  
4920 S. Loop 289, Suite 101  
Lubbock, TX 79414

Anna Ramirez  
PO BOX 123  
Smyer, TX 79367

APPLIANCE CENTER  
2014 50TH STREET  
Lubbock, TX 79412

ARMSTRONG MEDICAL  
PO BOX 700  
Lincolnshire, IL 60069-0700

Arthrex, Inc.  
PO BOX 403511  
Atlanta, GA 30384-3511

ARTHROCARE MEDICAL CORP  
PO BOX 1450  
Minneapolis, MN 55485-1450

Ascension Orthopeidics  
Dept. 0328  
PO BOX 120328  
Dallas, TX 75312

AT&T  
PO BOX 940012  
Dallas, TX 75394-0012

AT&T Advertising and Publishing  
PO BOX 630052  
Dallas, TX 75263-0052

AT&T Long Distance  
P.O. Box 660688  
Dallas, TX 75266

AT&T Payment Center  
P.O. Box 930170  
Dallas, TX 75393

Atmos Energy  
P.O. Box 79073  
Phoenix, AZ 85062

AUREUS HEATHCARE LLC  
PO BOX 3037  
Omaha, NE 68103-0037

B. BRAUN MEDICAL INC.  
PO BOX 8500-53708  
Philadelphia, PA 19178-3708

BAILEY BOILER WORKS  
1103 FM 1585  
LUBBOCK, TX

Barbara Bingham  
PO BOX 486  
Turkey, TX 79261

Barbara Rudd  
3615 69TH ST  
Lubbock, TX 79413

BARD ENDOSCOPIC TECH  
PO BOX 75767  
Charlotte, NC 28275

Basic Energy Services  
PO BOX 749075  
Dallas, TX 75374

BAY MEDICAL  
12393 BELCHER ROAD  
SUITE 450  
Largo, FL 33773

BCBS of California  
PO BOX 4194  
Woodland Hills, CA 91365

BCBS Refund Dept.  
PO BOX 805107  
Chicago, IL 60680

BECKMAN COULTER CAPITAL  
REF.NO 24550139  
P O BOX 41601  
Philadelphia, PA 19101-1601

BECKMAN COULTER INC  
DEPT CH 10164  
Palatine, IL 60055-0164

Beckman Coulter Inc.  
Dept CH 10164  
Palatine, IL 60055

Betty H Moseley  
9600 QUAKER AVE  
VILLA 12  
Lubbock, TX 79424

Bill Fry  
5726 78TH ST  
Lubbock, TX 79424

Billy Moore  
3805 76TH ST  
Lubbock, TX 79413

BIO-RAD LABORATORIES  
CLINICAL DIAGNOSTICS  
DEPT. 9740  
Los Angeles, CA 90084-9740

BIOMET BIOLOGICS  
ATTN: LOCK BOX TELLER  
P O BOX 902  
South Bend, IN 46634

BIOMET INC  
ATTEN:LOCK BOX TELLER  
PO BOX 902  
South Bend, IN 46634

BLK HEALTHCARE MANAGEMENT INC.  
1214 MOSKOWITZ  
Seabrook, TX 77586

Bobbie L Loggins  
1904 56TH ST  
Lubbock, TX 79412

BOOKS ARE FUN  
PO BOX 2468  
Fairfield, IA 52556

BOSTON SCIENTIFIC CORP  
PO BOX 951653  
Dallas, TX 75395-1653

BR HEALTHCARE SERVICES  
17778 CAROL CIRCLE  
Flint, TX 75762

BRANDON AND CLARK  
PO BOX 3159  
Lubbock, TX 79452-3159

BRASSELER USA MEDICAL LLC  
ONE BRASSELER BVLD□□  
Savannah, GA 31419

BREG  
PO BOX 849991  
Dallas, TX 75284-9991

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Philips Medical System N.A.CO  
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Pine Star  
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Greenville, PA 16125

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Precision Dynamics Corp.  
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Premier Healthcare East  
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Colorado Springs, CO 80949

Pro-Med Clinical Systems LLC  
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Addison, TX 75001

Products for Surgery Inc.  
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Professional Media Resource  
PO Box 460380  
Saint Louis, MO 63146

Proflow  
PO Box 3633  
Lubbock, TX 79452

Prog County Mutual Ins.  
PO Box 30108  
Tampa, FL 33630

Prometheus Laboratories Inc.  
PO Box 7738  
San Francisco, CA 91420

PSS West Texas  
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QLVS, Inc  
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RegionalHelpWanted.com  
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Chicago, IL 60693

Serin Research  
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Sexton Enterprises  
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Sexuer Inc  
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Fairfield, TX 75840

Smith and Nephew, Inc.  
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Chicago, IL 60673

Smiths Medical ASD  
Lock Box 5155  
PO Box 8500  
Philadelphia, PA 19178

Snelling Temporary Services  
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Lubbock, TX 79410

Snook and Aderton Inc.  
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So Plains Kidney Disease  
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South Plains Business Equip  
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Southwest X-Ray Company  
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Stryker Endoscopy  
c/o Stryker Sales Corp  
PO Box 93276  
Chicago, IL 60673

Stryker Instruments  
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STRYKER ORTHOPADICS  
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Charlottesville, VA 22911

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Los Angeles, CA 90051

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PO BOX 7928  
Madison, WI 53708

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PO BOX 100279  
Columbia, SC 29202

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TTUHSC Dept Internal Medicine  
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PO BOX 740819  
Atlanta, GA 30374

UHC  
Attn: Claims Division  
PO BOX 740819  
Atlanta, GA 30374

UHC  
Attn: Claims Division CK Control  
PO BOX 740819  
Atlanta, GA 30374

UHC  
Attn: AARP Claim Divison  
PO BOX 740819  
Atlanta, GA 30374

UHC Recovery Service  
PO BOX 740804  
Atlanta, GA 30374-0800

UNC  
Attn: Claims Div. Chk Controll  
PO BOX 740819  
Atlanta, GA 30374

United American  
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PO BOX 26400  
Oklahoma City, OK 73126

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Phoenix, AZ 85072

United Health Care Refund Dept.  
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Salt Lake City, UT 84130-0555

UNITED SUPER MARKETS  
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Universal Health Care Insurance  
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Saint Petersburg, FL 33701

Universal Health Care MCR  
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